

10.9.96

12.3.92

PERMITTEE NAME/ADDRESS:

Name: Holnam, Inc.

Address: 5400 W. Marginal Way

Seattle, WA 98106

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

WA-0002232

PERMIT NUMBER

004

DISCHARGE NUMBER

FORM APPROVED

OMB No.2040-0004

Discharge Location

Lat 47° 33' 18" N

Long 122° 20' 40" W

Facility: Same As Above

Location: Same As Above

MONITORING PERIOD

FROM 8/1/96 TO 8/31/96

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)		Quantity or (54-61)	Loading Unit	(4 Card Only) (38-45)		Quality or (46-53)	Concentration (54-61)		NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
		Average	Maximum	Minimum		Average	Maximum	Unit					
FLOW	SAMPLE MEASUREMENT	29487	29487		GPD	—	—	—	—	—	0	1/30	CALCULATED
	PERMIT REQUIREMENT	REPORT	REPORT			—	—	—	—	—		2/30	METER
TSS	SAMPLE MEASUREMENT	2	—		LB/DAY	—	—	8	mg/L	0	1/30	GRAB	
	PERMIT REQUIREMENT	15	—			—	—	50			2/30	METER	
pH	SAMPLE MEASUREMENT	—	—		—	11	—	11	STD	1	1/30	GRAB	
	PERMIT REQUIREMENT	—	—		—	6.5	—	9.0			2/30	GRAB	
TURBIDITY OF EFFLUENT	SAMPLE MEASUREMENT	—	—		—	—	4.9	—	NTU	0	1/30	GRAB	
	PERMIT REQUIREMENT	—	—		—	—	—	—			2/30	GRAB	
TURBIDITY OF BACKGROUND	SAMPLE MEASUREMENT	—	—		—	—	1.8	1.8	NTU	NA	1/30	GRAB	
	PERMIT REQUIREMENT	—	—		—	—	REPORT	REPORT			2/30	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	—	—		—	—	24	24	mg/L	1	1/30	GRAB	
	PERMIT REQUIREMENT	—	—		—	—	10	15			1/30	GRAB	
COPPER	SAMPLE MEASUREMENT	—	—		—	—	—	0.013	mg/L	0	1/90	GRAB	
	PERMIT REQUIREMENT	—	—		—	—	REPORT	REPORT			4/YR	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 16 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS.)										TELEPHONE	DATE
N.F. Stiren, Plant Manager												SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED												AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

* TURBIDITY SHALL NOT EXCEED 10 NTU OVER BACKGROUND WHEN BACKGROUND IS 50 NTU OR LESS, AND SHALL NOT EXCEED BACKGROUND BY MORE THAN 20% WHEN BACKGROUND IS GREATER THAN 50 NTU.

ONLY ONE STORM EVENT WAS AVAILABLE FOR SAMPLING THIS PERIOD

USEPA SF



1185521

PERMITTEE NAME/ADDRESS:

Name: Holnam, Inc.
 Address: 5400 W. Marginal Way
 Seattle, WA 98106

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA-0002232
 PERMIT NUMBER

005
 DISCHARGE NUMBER

FORM APPROVED

OMB No.2040-0004

Discharge Location
 Lat 47° 33' 18" N
 Long 122° 20' 40" W

Facility: Same As Above

Location: Same As Above

MONITORING PERIOD			
FROM	96/08/01	TO	96/08/31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)	Quantity or (54-61)	Loading	(4 Card Only) (38-45)	Quality or (46-53)	Concentration (54-61)	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)								
		Average	Maximum	Unit	Minimum	Average	Maximum												
FLOW	SAMPLE MEASUREMENT	23087	23087	GPD	—	—	—		0	1/30	CALCULATED								
	PERMIT REQUIREMENT	REPORT	REPORT		—	—	—			2/30	METER								
TSS	SAMPLE MEASUREMENT	0.7	—	LB/DAY	—	—	19	mg/L	0	1/30	GRAB								
	PERMIT REQUIREMENT	15	—		—	—	50			2/30	METER								
pH	SAMPLE MEASUREMENT	—	—	—	8.4	—	8.4	STD	0	1/30	GRAB								
	PERMIT REQUIREMENT	—	—	—	8.5	—	9.0			2/30	GRAB								
TURBIDITY OF EFFLUENT	SAMPLE MEASUREMENT	—	—	—	—	3.9	—	NTU	0	1/30	GRAB								
	PERMIT REQUIREMENT	—	—	—	—	—	—			2/30	GRAB								
TURBIDITY OF BACKGROUND	SAMPLE MEASUREMENT	—	—	—	—	1.8	1.8	NTU	NA	1/30	GRAB								
	PERMIT REQUIREMENT	—	—	—	—	REPORT	REPORT			2/30	GRAB								
OIL & GREASE	SAMPLE MEASUREMENT	—	—	—	—	82	82	mg/L	1	1/30	GRAB								
	PERMIT REQUIREMENT	—	—	—	—	10	15			1/30	GRAB								
COPPER	SAMPLE MEASUREMENT	—	—	—	—	—	0.012	mg/L	0	1/90	GRAB								
	PERMIT REQUIREMENT	—	—	—	—	—	REPORT			4/YR	GRAB								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC, 1001 AND 33 USC, 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT)								TELEPHONE	DATE								
N.F. Stiren, Plant Manager										(206) 937-8025	OCT -9 1996								
TYPED OR PRINTED										AREA CODE NUMBER	YEAR MO DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

* TURBIDITY SHALL NOT EXCEED 10 NTU OVER BACKGROUND WHEN BACKGROUND IS 50 NTU OR LESS, AND SHALL NOT EXCEED BACKGROUND BY MORE THAN 20% WHEN BACKGROUND IS GREATER THAN 50 NTU.

ONLY ONE STORY SHEET WAS AVAILABLE FOR SAMPLING THIS PERIOD

PERMITTEE NAME/ADDRESS:

Name: Holnam, Inc.
 Address: 5400 W. Marginal Way
 Seattle, WA 98106

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA-0002232
 PERMIT NUMBER

006
 DISCHARGE NUMBER

FORM APPROVED

OMB No.2040-0004

Discharge Location
 Lat 47° 33' 18" N
 Long 122° 20' 40" W

Facility: Same As Above
 Location: Same As Above

MONITORING PERIOD

FROM 96/08/01 TO 96/08/31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53)	Quantity or (54-61)	Loading Unit	(4 Card Only) (38-45)	Quality or (46-53)	Concentration (54-61)	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)			
		Average	Maximum	Minimum	Average	Maximum								
FLOW	SAMPLE MEASUREMENT	14810	14810	GPD	—	—	—		0	1/30	CALCULATED			
	PERMIT REQUIREMENT	REPORT	REPORT		—	—	—			2/30	METER			
TSS	SAMPLE MEASUREMENT	0.5	—	LB/DAY	—	—	23	mg/L	0	1/30	GRAB			
	PERMIT REQUIREMENT	15	—		—	—	50			2/30	METER			
pH	SAMPLE MEASUREMENT	—	—	—	8.1	—	8.1	STD	0	1/30	GRAB			
	PERMIT REQUIREMENT	—	—	—	6.5	—	9.0			2/30	GRAB			
TURBIDITY OF EFFLUENT	SAMPLE MEASUREMENT	—	—	—	—	5.6	—	NTU	0	1/30	GRAB			
	PERMIT REQUIREMENT	—	—	—	—	—	—			2/30	GRAB			
TURBIDITY OF BACKGROUND	SAMPLE MEASUREMENT	—	—	—	—	1.8	1.8	NTU	NA	1/30	GRAB			
	PERMIT REQUIREMENT	—	—	—	—	REPORT	REPORT			2/30	GRAB			
OIL & GREASE	SAMPLE MEASUREMENT	—	—	—	—	26	26	mg/L	1	1/30	GRAB			
	PERMIT REQUIREMENT	—	—	—	—	10	15			1/30	GRAB			
COPPER	SAMPLE MEASUREMENT	—	—	—	—	—	0.035	mg/L	0	1/90	GRAB			
	PERMIT REQUIREMENT	—	—	—	—	—	REPORT			4YR	GRAB			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC, 1001 AND 33 USC, 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT							TELEPHONE		DATE			
N.F. Stiren, Plant Manager									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(206) 937-8025		OCT -9 1996	
TYPED OR PRINTED											AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER

005

DISCHARGE NUMBER

FORM APPROVED

OMB No.2040-0004

Discharge Location

Lat 47° 33' 18" N

Long 122° 20' 40" W

Facility: Same As Above

Location: Same As Above

MONITORING PERIOD

FROM

96/01/01

TO

96/01/31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)	Quantity or (54-61)	Loading Unit	(4 Card Only) (38-45)	Quality or (46-53)	Concentration (54-61)	Unit	NO. EX (62-63)	Frequency of analysis (64-68)	Sample Type (69-70)
		Average	Maximum		Minimum	Average	Maximum				
FLOW	SAMPLE MEASUREMENT	11081	288	GPD	—	—	—		NA	2/30	CALCULATED
	PERMIT REQUIREMENT	REPORT	REPORT		—	—	—				
TSS	SAMPLE MEASUREMENT	7	—	LB/DAY	—	—	79	mg/L	1	2/30	GRAB
	PERMIT REQUIREMENT	15	—		—	—	50				
pH	SAMPLE MEASUREMENT	—	—	—	8.3	—	8.5	STD	0	2/30	GRAB
	PERMIT REQUIREMENT	—	—		6.5	—	9.0				
TURBIDITY OF EFFLUENT	SAMPLE MEASUREMENT	—	—	—	—	37	—	NTU	1	2/30	GRAB
	PERMIT REQUIREMENT	—	—		—	22	—				
TURBIDITY OF BACKGROUND	SAMPLE MEASUREMENT	—	—	—	—	12	19	NTU	NA	2/30	GRAB
	PERMIT REQUIREMENT	—	—		—	REPORT	REPORT				
OIL & GREASE	SAMPLE MEASUREMENT	—	—	—	—	16	16	mg/L	1	1/30	GRAB
	PERMIT REQUIREMENT	—	—		—	10	15				
COPPER	SAMPLE MEASUREMENT	—	—	—	—	—	Not Measured	mg/L			
	PERMIT REQUIREMENT	—	—		—	—	REPORT				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC, 1001 AND 33 USC, 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT						TELEPHONE		DATE	
N.F. Stiren, Plant Manager								(206) 937-8025		APR - 5 1996	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	

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